PK# 2985

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 9/2/16	Name of Building Owner/Operator (2): Beachwood Township
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 443 Atlantic City Blvd
	City, State, Zip Code: Beachwood, NJ 08722
	Name of Contact: Carl
	Telephone Number: (c) 609 9237748

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): (Block 7.15 lot 14) Water Treatment Plant of Beachwood	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Corner of Long Beach Blvd & Pennsylvania Ave	Square Feet: 1000 / # of Floors: 1 / Bldg. Age: 55+
City (5): Long Beach	
County (6): Ocean / County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Water treatment Plant
Name of Monitoring Firm Hired by Building Owner (8) / ASCM No.	Name of Abatement Contractor (9): Ace Insulation Co Inc
Street Address	Street Address: 95 Montrose Rd
City, State, Zip Code	City, State, Zip Code: Colts Neck, New Jersey 07722
Project Manager for Monitoring Firm / Telephone No. 9/17/16	Telephone No.: 732 294 1757 / License No.: 00029
Start Date (10): 9/12/16 / Scheduled Completion Date (11)	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: 7AM-7PM	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply): [ ] ≥3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf [ ] Renovation [X] Demolition [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Filter building #2			X	Siding	1000 ft	X			
Filter building #3			X	Siding	700 ft	X			

Name of Registered Waste Hauler: Ace Insulation Co Inc	NJDEP Waste Hauler ID No.: 12086	Cubic Yards of Waste: 3	Name of Registered Landfill: GROWS
City, State: Colt Neck, New Jersey		Disposal Date: 9/17/16	City, State: Tullytown, PA
Completed by: Bree McGuire	Title: Secretary Treasurer	Signature: [signature]	Date: 9/2/16

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities.